

NEBRASKA DEPARTMENT OF ENVIRONMENT AND ENERGY

Air Compliance Section

# **INITIAL NOTIFICATION of Compliance Status FORM**

**Applicable Rule:** *40 CFR Part 63, Subpart WWWWW -* National Emission Standards for Hazardous Air Pollutants (NESHAP) for Hospital Ethylene Oxide Sterilizers - Promulgated 12/28/07

Who is subject to this Rule?

This rule applies to human hospitals that are an area source of hazardous air pollutants (HAP) emissions (the entire facility has the potential to emit <10 tons per year (tpy) of a single HAP or <25 tpy of a combination of HAP), AND Own or operate an ethylene oxidation (EO) sterilization facility at the hospital. An EO sterilization facility is defined as: the group of ethylene oxide sterilization units at a hospital using ethylene oxide gas or an ethylene oxide/inert gas mixture for the purpose of sterilizing.

**If you are subject to this rule fill out the information below:**

Hospital Name:       Facility ID#:

Name of Hospital Owner/Operator:

Owner/Operator Address:

City:       State:       Zip:

Hospital Address (if different than owner/operator’s mailing address):

Street:

City:       State:       Zip:

Hospital Phone Number:

Hospital Contact/Title:

**This form must be completed, signed and submitted to the following agencies by June 25, 2009 for existing sources\*, or by June 23, 2008 or upon startup for new sources\*\*, whichever is later:**

# NDEE Air Compliance Section **and** Region VII EPA **and** U.S. EPA\*\*\*

# PO Box 98922 11201 Renner Blvd Sector Policies and Programs Division

Lincoln, NE 68509-8922 Kansas City, KS 66129 Coatings and Chemicals Group (E143-01) Attn: Hospital Sterilizers Project Leader

Research Triangle Park, NC 27711

If your facility is located in Omaha or Lancaster County, you must submit a notification to the appropriate local air pollution control agency and Region VII EPA. Keep a copy of this completed form for your records.

**\*** An existing source was constructed or reconstructed prior to November 6, 2006.

\*\* A new source commenced construction or reconstruction after November 6, 2006.

\*\*\*Notifications can also be emailed to EPA via the following email address: [CCG-ONG@EPA.GOV](mailto:CCG-ONG@EPA.GOV)

**1. Is the hospital listed above subject to 40 CFR 63, subpart WWWWW:**  Yes  No

You are subject to 40 CFR 63, subpart WWWWW if both of the following are true:

* You are an area source of hazardous air pollutants (HAP) emissions (the entire facility has the potential to emit <10 tons per year (tpy) of a single HAP or <25 tpy of a combination of HAP),

AND

* You own or operate an ethylene oxidation (EO) sterilization facility at your hospital. An EO sterilization facility is defined as: the group of ethylene oxide sterilization units at a hospital using ethylene oxide gas or an ethylene oxide/inert gas mixture for the purpose of sterilizing.

**2. Are you a new or existing facility?**  Existing  New

You are an existing facility if you commenced construction or reconstruction of the affected source before November 6, 2006.

You are a new facility if you commenced construction or reconstruction of the affected source on or after November 6, 2006.

**3. The Notification is due** (check the box below which applies)**:**

On or before June 25, 2009 if you are an existing facility

On or before June 23, 2008 or within 180 days of startup if you are a new facility, whichever is later.

**4. Enter the date of construction or reconstruction of the ethylene oxide sterilization facility at your hospital:**

* Sterilization facility is defined as: the group of ethylene oxide sterilization units at a hospital using ethylene oxide gas or an ethylene oxide/inert gas mixture for the purpose of sterilizing.

**5. (a) List the number of ethylene oxide sterilizers:**

**5. (b) List the number of separate aeration units:**

**5. (c) For each sterilizer, please provide:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sterilizer Number | Sterilizer Volume | Number of Sterilizer Cycles per Year | Is the Ethylene Oxide Sterilizer vented to an add-on Air Pollution Control Device (APCD)? | Type of add-on Air Pollution Control Device  (if applicable) |
| 1 | ft3 |  | Yes  No |  |
| 2 | ft3 |  | Yes  No |  |
| 3 | ft3 |  | Yes  No |  |
| 4 | ft3 |  | Yes  No |  |
| 5 | ft3 |  | Yes  No |  |
| 6 | ft3 |  | Yes  No |  |

**6. Compliance Demonstration** (Check one)**:**

I certify that the source sterilizes full loads of medical items having a common aeration time, except under medically necessary circumstances.

The sterilization unit(s) operates with add-on APCD(s) (for reducing EO emissions to the atmosphere) pursuant to a State or local regulation. ID State or local regulation:

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I certify that the sterilization unit operates in accordance with the State and local regulation and follows the add-on APCD manufacturer’s recommended practices.

The sterilization unit(s) operates with add-on Air Pollution Control Device(s) (APCD) (for reducing ethylene oxide emissions to the atmosphere) but are not subject to any State or local regulation for limiting ethylene oxide emissions. I certify that the sterilization unit(s) operates by venting ethylene oxide emissions from each unit to an add-on APCD and certify that the add-on APCD (for reducing ethylene oxide emissions to the atmosphere) operates during all sterilization processes and follows the add-on APCD manufacturer’s recommended practices.

## Compliance Dates

## Existing sources must be in compliance with this standard by December 29, 2008.

## New sources must be in compliance with this standard by December 28, 2007 or upon startup, whichever is later.

**Print or type the name and title of the Responsible Official for the facility:**

### Name:       Title:

**Telephone no.:**

A Responsible Official can be:

* The president, vice president, secretary, or treasurer of the company that owns the hospital;
* An owner of the hospital;
* The plant engineer or supervisor of the hospital;
* A government official, if the hospital is owned by the Federal, State, City, or County government; or
* A ranking military officer, if the hospital is located at a military base.

**I CERTIFY THAT INFORMATION CONTAINED IN THIS REPORT TO BE ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Signature of Responsible Official) (Date)***